

# FOGG & POWERS LLC

INTELLECTUAL PROPERTY LAW

February 11, 2010

**VIA FACSIMILE TO 571-273-6500- 3 pgs.**

U.S. Patent and Trademark Office  
Deposit Account Branch  
Attention: Refund Branch

Re: **Request for Refund**

In reviewing our Deposit Account statement, we found the following charge made to our account in error. This amount should not have been charged for a 3.5 year maintenance fee at the large entity status.

Patent No. 6,841,051  
Date Charged: 1/21/10  
Amount Charged: \$980.00

Attached is the Petition to Accept Unintentionally Delayed Payment of Maintenance Fee in an Expired Patent that we filed on 8/7/09. As you can see the small entity status is clearly marked on this form.

Please refund \$490.00 the difference of a small entity status and a large entity status for a 3.5 year maintenance fee to our deposit account no. 502432. If you have any questions, please contact Danielle Suess at suess@fogglaw.com or 952-465-0773.

Thank you for your assistance.

Sincerely,



David N. Fogg  
Reg. No. 35138

DNF: dns

Enclosed

Adjustment Date: 03/03/2010 CKHL0K  
01/21/2010 CKHL0K 00000006 502432 6841051  
01 FC:1551 980.00 CR

03/03/2010 CKHL0K 00000002 502432 6841051  
Sale Ref: 00000002 DAA: 502432 6841051  
01 FC:2551 490.00 DA

5810 WEST 78<sup>TH</sup> STREET | MINNEAPOLIS, MN 55439  
MAIN: 952-465-0770 | FAX: 952-465-0771 | WWW.FOGLAW.COM

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

10/763627

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>3-2-10</u>		2 Serial/Patent # <u>6,841,051</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance		8-7-09	\$ 490.00
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ 490.00
		8 TO BE REFUNDED BY:		
10 REASON:		<input checked="" type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <div style="border: 1px solid black; padding: 2px; display: inline-block;">50--2432</div>		
<input type="checkbox"/>	Overpayment			
<input type="checkbox"/>	Duplicate Payment			
<input type="checkbox"/>	No Fee Due (Explanation):			
<u>Small entity</u>				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Karen Creasy</u>		TITLE: <u>Petitions Examiner</u>		
SIGNATURE: <u>/Karen Creasy/</u>		PHONE: <u>2-3208</u>		
OFFICE: <u>Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**